

30 Rec'd T/PTO 21 FEB 90

Combined Declaration For Patent Application and Power of Attorney (Continued) <small>(Includes Reference to PCT International Applications)</small>				ATTORNEY'S DOCKET NUMBER 0627.1220004	
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:					
U.S. APPLICATIONS				STATUS (Check one)	
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
07/065,734	24 June 1987		X		
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
PCT/US88/02139	24 June 1988		X		
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) <u>Perry J. SAIDMAN, Esq., Reg. No. 26,028; Robert G. STERNE, Esq., Reg. No. 28,912; Edward J. KESSLER, Esq., Reg. No. 25,688; Jorge A. GOLDSTEIN, Reg. No. 29,021; Samuel L. FOX, Reg. No. 30,353</u>					
Send Correspondence to: SAIDMAN, STERNE, KESSLER & GOLDSTEIN 1225 Connecticut Avenue Washington, D.C. 20036			Direct Telephone Calls to: (name and telephone number) Saidman, Sterne, Kessler and Goldstein (202) 833-7533		
201	FULL NAME OF INVENTOR	FAMILY NAME <u>WEINER</u>	FIRST GIVEN NAME <u>Howard</u>	SECOND GIVEN NAME <u>L</u>	
	RESIDENCE & CITIZENSHIP	CITY <u>Brookline</u>	STATE OR FOREIGN COUNTRY <u>Massachusetts</u>	COUNTRY OF CITIZENSHIP <u>United States</u>	
	POST OFFICE ADDRESS	114 Somerset Road	CITY <u>Brookline</u>	STATE & ZIP CODE/COUNTRY <u>Massachusetts 02146</u>	
202	FULL NAME OF INVENTOR	FAMILY NAME <u>HAFER</u>	FIRST GIVEN NAME <u>David</u>	SECOND GIVEN NAME <u>A</u>	
	RESIDENCE & CITIZENSHIP	CITY <u>Newton</u>	STATE OR FOREIGN COUNTRY <u>Massachusetts</u>	COUNTRY OF CITIZENSHIP <u>United States</u>	
	POST OFFICE ADDRESS	110 Forrest Avenue	CITY <u>Newton</u>	STATE & ZIP CODE/COUNTRY <u>Massachusetts 02165</u>	
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE <u>January 24, 1990</u>		DATE <u>January 24, 1990</u>		DATE	

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

0627.1220004

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TREATMENT OF AUTOIMMUNE DISEASES BY ORAL ADMINISTRATION
OF AUTOANTIGENS

the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No. _____

on _____

and was amended

on _____ (if applicable).

☒ was filed as PCT international application

Number PCT/US88/02139

on 24 June 1988 (24.06.88)

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO